

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675873	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Clyde W Cospers Texas State Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Seven Oaks Rd Bonham, TX 75418	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure each resident received adequate supervision and assistance to prevent accidents for 1 of 10 residents (Resident #1) reviewed for accidents and hazards. The facility failed to ensure Resident #1's wheelchair was properly secured in the facility transport van on 12/05/2025. Resident #1 sustained a contusion to his head when the wheelchair tipped over as the van turned a corner during transport. This failure could place residents transported via facility van at risk for accidents resulting in serious injury. The findings were: Record review of Resident #1's face sheet dated 03/12/2026 revealed an [AGE] year-old male admitted [DATE] and readmitted [DATE] with diagnoses that included a cerebral infarction with hemiplegia (a stroke caused by reduced blood flow leading to brain tissue death that limits movement on one side of the body), Osteoarthritis (a joint disease where protective cartilage breaks down, causing bones to rub together), Diabetes Type II (a metabolic disorder where the body develops insulin resistance and cannot properly regulate blood sugar), Major depression disorder (a mental health condition characterized by persistent sadness, low energy and loss of interest) and overactive bladder (a condition characterized by sudden, uncontrollable urge to urinate). Record review of Resident #1's quarterly MDS dated [DATE] revealed no communication or comprehension deficits with a BIMS of 15 which indicated intact cognition. Resident #1 had no upper or lower extremity range of motion impairment, required the use of a wheelchair for mobility, was independent in eating, toileting, upper & lower body dressing, bed mobility, and transfers, required set-up assistance with bathing and supervision with extended gait distance. Resident #1 had hearing loss corrected with the use of a hearing aid, vision corrected with use of prescription glasses. Record review of Resident #1's care plan with target date of 04/25/2026 revealed ADL self-care deficit requiring minimal assistance and no mood or behavior concerns that interfered with daily care management. Record review of facility self-report dated 12/12/2025 revealed that Resident #1 sustained a contusion to back of his head when his wheelchair tipped over during transport in the facility transport van. Record review of Resident #1's EMR for the incident on 12/05/2025 that included Form 3613-A self-report indicated: Resident #1 was returning to the facility after an appointment in the facility wheelchair van when the van turned a corner and the wheelchair tipped over causing resident to hit his head resulting in a contusion. Resident of this incident was in close proximity to the facility and the RN Supervisor assessed, Resident #1 returned to the facility and after notification to the physician, was transported to the hospital for evaluation. Resident #1 was transported to the hospital via ambulance and returned to the facility same day with a head contusion and mild headache and no new orders. Record review of written statement from Van Driver A dated 12/05/2025 revealed she secured Resident #1's wheelchair with the straps and that one of the straps was not at the lowest position. Attempted phone interview with Van Driver A (no longer employed at this facility) was unsuccessful. Record review of Van Driver's A's employee training file revealed she had successfully completed drivers training and safety program on 07/21/2025. Record review of the written statement from the RN Supervisor B dated 12/05/2025 revealed that she was notified by Van (continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675873	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Clyde W Cospers Texas State Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Seven Oaks Rd Bonham, TX 75418	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Driver A of incident, travelled to van location, assessed Resident #1 for injury, returned resident to the facility and notified the physician. Statement indicates that the physician recommended hospital transfer for evaluation due to resident hitting his head. Attempted phone interview with RN Supervisor B (no longer employed at this facility) was unsuccessful. During an interview on 03/11/2026 at 12:55 p.m., Resident #1 stated that his wheelchair tipped over during transport on 12/05/2025 when the van turned a corner, and he hit his head on the bar. Resident #1 denied that the van was going too fast to maneuver the corner safely. Resident #1 stated he had a bump on [his] head and was transported to the hospital for a CT (a diagnostic procedure that uses x-rays and computer technology to create a detailed image). The resident stated he was told the CT was negative. Resident #1 stated he has no fear or anxiety or other adverse effects because of the fall and has no fear of utilizing the facility transport van and believes the facility did respond promptly and provide adequate nursing care and intervention. During an interview and observation on 03/11/2026 at 1:00 p.m., Van Driver C stated she was hired as a Van Driver on 02/19/2025 and received her certification for wheelchair restraint and procedures as well as hands on training prior to transporting a resident in the wheelchair van. Van Driver B stated that she will pick up the resident from then nurses station or his/her room once the charge nurse states that the resident is ready for transport. Van Driver C stated that in the event of an emergency during transport, she would pull-over and call 911, then call the facility Administrator or Director of Nurses. Observed Van Driver C secure a proxy resident in a standard wheelchair in the transport van and appropriately secure the wheelchair with the restraint straps provided as well as appropriately secure the proxy resident in the wheelchair with approved seat belt restraints. During an interview and observation on 03/11/2026 at 1:00 p.m., Transport Aide D stated that she had received training for the use of the transport van restraints as well as hands on training prior to her first resident transport. Transport Aide D stated that she believes refresher training is done yearly, but that the Administrator will complete spot checks sometimes to ensure the residents are safely secured in the van prior to leaving the facility. Observed Transport Aide D and Van Driver B secured the wheelchair for the proxy resident with no adverse findings. During an interview on 03/11/2026 at 1:00 p.m., Transport Aide E stated she received training by computer for the restraint use and received her certification prior to transferring from her nurse aid position to the Transport Aid position. Transport Aide E stated that she also completed hands on training and had to show the trainer she could properly secure the wheelchairs before she was allowed to complete her first transport ride. During an interview on 03/12/2026 at 10:00 a.m., the DON stated it is the responsibility of the nursing staff to ensure the residents are seated in an appropriately sized wheelchair with footrests prior to transport in facility transport van. The DON stated the transport aid or driver picks up the resident from the nurse's station or their room once the charge nurse verifies that he/she is ready of the transport. The DON stated it is the responsibility of the charge nurses and unit managers to ensure the residents are adequately seated and prepared for the van transport and he is ultimately responsible to ensure the nursing staff are completing their job duties. During an interview on 03/12/2026 at 10:30, the Administrator stated that he and the Regional Maintenance Director complete the training for newly hired staff for both van drivers and transport aides which include watching a video on the proper techniques and use of the wheelchair restraints that are utilized in the facility transport van as well as a hands on, return demonstration training for al drivers and transport aides. The Administrator stated he was not the Administrator at the time of this incident, but that he was aware all transports in the facility van were help for three days to ensure all drivers at that time received training on securing wheelchairs. The Administrator stated that he completes hands on training for both wheelchairs and motorized chairs and that the training is completed quarterly and as needed for any new hires. The Administrator stated that the training encompasses a driver inspection audit and a passenger securement safety audit and that since this incident, the facility requires two staff members (driver and assistant) for all transports. The Administrator stated that he is responsible for ensuring all employees hired a van driver and/or transport aid are properly trained and (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675873	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Clyde W Coper Texas State Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Seven Oaks Rd Bonham, TX 75418	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>competent in their job skills to ensure resident's safety. Record review of facility policy titled HMR Veterans Services, Facility Transportation Policy, dated 11/26/2025, revealed Purpose: To provide safe transportation for facility residents to appointments and activities away from the facility grounds. Wheelchair residents must use vehicle lifts and be secured per manufacturer instructions and wheelchair secured using proper tie-downs.</p>		